

**HOLLISTON PUBLIC SCHOOLS
DAY OR OVERNIGHT FIELD TRIP CONSENT FORM,
RELEASE FROM LIABILITY & INDEMNITY AGREEMENT**

Parent

I/We, the undersigned parent(s) or guardian(s) of _____,
(print student's name legibly)

a minor, do hereby CONSENT to his/her participation in day or over-night field trip to _____ (hereafter referred to as the "Field Trip") planned for _____, and sponsored by the Holliston Public Schools. I/We RELEASE and discharge the Town of Holliston and its departments, officers, employees, and agents (hereafter collectively referred to as "Holliston"), from any and all claims, damages, losses or expenses of whatever kind or nature which I /we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the Field Trip. I/We also RELEASE and discharge Holliston from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the Field Trip. I/We furthermore agree to defend and INDEMNIFY Holliston against any claim, damage, loss or expense of whatever kind or nature that Holliston may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the Field Trip.

I/We hereby authorize Holliston's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the Field Trip. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby RELEASE and discharge Holliston from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

_____ Signature of Parent or Guardian	_____ Date	_____ Relationship
_____ Signature of Parent or Guardian	_____ Date	_____ Relationship

This form must be signed by at least one parent or guardian and returned to the school.